PTO/SB/05 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to re

## UTILITY PATENT APPLICATION **TRANSMITTAL**

(only for new nonprovisional applications under 37 CFR 1.53(b))

| Attorney Docket No.    | 1875.4520000                                                        |
|------------------------|---------------------------------------------------------------------|
| First Inventor         | Hoang T. TRAN                                                       |
| Title                  | Multipurpose and Programmable Pad Ring<br>for an Integrated Circuit |
| Express Mail Label No. |                                                                     |

| APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                    | DDR.                      | ESS TO:                                                                           | Mail Stop Pate<br>Commissioner<br>P.O. Box 1450<br>Alexandria VA                           | for Patents                                                 |             |                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------|---------------------|
| 2. Applicant classes 37 CFR  3. Specification (preferred arran - Descriptive titl - Cross Referent - Statement Reg - Reference to so or a computer   Background of - Brief Summar | In [Total Pages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                    | Nucleo (if a.  b. Spec    | ii. paper Statements veri                                                         | nino Acid Sec<br>cessary)<br>lable Form (Cince Listing on:<br>OM or CD-R<br>fying identity | quence Submis RF) (2 copies); or of above copies PPLICATION | 10/694729   | Program<br>202303   |
| - Abstract of the                                                                                                                                                                 | Disclosure 35 U.S.C. 113) [Total Sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ts <u>14</u> ]                                                                                        | 9.<br>10.                          |                           | Assignment Pap<br>37 CFR 3.73(b)<br>(when there is an                             | Statement                                                                                  | et & document(s                                             |             |                     |
| 5. Oath or Declaration                                                                                                                                                            | [Total Page:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | s_4_1                                                                                                 | 11.                                |                           | English Transla                                                                   | tion Documen                                                                               | t (if applicable)                                           |             |                     |
| a. 🔀 Newly ex                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                                           | 12.                                |                           | Information Dis<br>Statement (IDS)                                                |                                                                                            | Copies of                                                   | IDS         |                     |
| b. Copy from                                                                                                                                                                      | m a prior application (37 CFI transfer of the control of the contr | R 1.63(d))                                                                                            | 13.                                |                           | Preliminary Am                                                                    |                                                                                            | Citations                                                   |             |                     |
| i. 🗆                                                                                                                                                                              | DELETION OF INVENTO<br>Signed statement attached dele<br>named in the prior application,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | R(S)                                                                                                  | 14.<br>15.                         | ⊠<br>□                    | Two (2) Return<br>(Should be specific<br>Certified Copy (                         | cally itemized)                                                                            |                                                             | 3)          |                     |
| 6. 🛛 Application De                                                                                                                                                               | 1.63(d)(2) and 1.33(b).<br>ata Sheet. See 37 CFR 1.76.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       | 16.<br>17.                         |                           | Nonpublication Reform PTO/SB/35 of Other: Author                                  | is claimed) equest under 35 or its equivalent.                                             | U.S.C. 122 (b)(2)(                                          | 36(a)(3)    | ĺ                   |
| Continuation  Prior application in  For CONTINUATION OR considered a part of the di                                                                                               | G APPLICATION, check app<br>Sheet under 37 CFR 1.76:  Divisional Conformation: Examiner  DIVISIONAL APPS only: The sclosure of the accompanying contion has been inadvertently omits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | entinuation-in-Part (CII<br>entire disclosure of the<br>ntinuation or divisionated from the submitted | P)<br>e prior<br>al app<br>l appli | of programmer application | rior application N<br>Art Un<br>cation, from whic<br>n and is hereby in<br>parts. | 0:                                                                                         |                                                             |             | c 5b, is<br>an only |
|                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19. CORRESPON                                                                                         | NDE                                | NCE A                     | ADDRESS                                                                           |                                                                                            |                                                             |             |                     |
| Customer Number 2 NAME                                                                                                                                                            | STERNE, KESSLER, GOLDSTEIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | & FOY PLIC                                                                                            |                                    |                           | or                                                                                | Correspo                                                                                   | ndence address be                                           | elow        |                     |
| <u>-</u>                                                                                                                                                                          | Attorneys at Law                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | a rox r.L.L.c.                                                                                        |                                    |                           |                                                                                   |                                                                                            |                                                             |             |                     |
| ADDRESS                                                                                                                                                                           | 1100 New York Avenue, N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | .W.                                                                                                   |                                    |                           |                                                                                   | ·                                                                                          | · · · · · · · · · · · · · · · · · · ·                       | <del></del> |                     |
| CITY                                                                                                                                                                              | Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE                                                                                                 |                                    | D.C                       | <u> </u>                                                                          | ZIP CODE                                                                                   | 20005                                                       |             |                     |
| COUNTRY                                                                                                                                                                           | USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TELEPHONE                                                                                             | (202                               | 371-                      | 2600                                                                              | FAX                                                                                        | (202) 371-2                                                 | 2540        |                     |
| NAME (Print/Type)                                                                                                                                                                 | Kendrick P. Patterson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                    | T <sub>P</sub>            |                                                                                   |                                                                                            |                                                             |             |                     |
| SIGNATURE                                                                                                                                                                         | Hallerson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                       |                                    | Kegi                      | istration No. (Atto                                                               |                                                                                            | 45,321  Date October:                                       | 20, 2002    |                     |
|                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       |                                    |                           |                                                                                   |                                                                                            | wate Wictober                                               | 79 70D3     |                     |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date October 29, 2003

Under the Paperwork Reduction Act of 1995, no person

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**FEE TRANSMITTAL** for FY 2004

10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)1,162.00

| Complete if Known    |                             |  |  |  |  |
|----------------------|-----------------------------|--|--|--|--|
| Application Number   | To Be Assign d              |  |  |  |  |
| Filing Date          | Herewith (October 29, 2003) |  |  |  |  |
| First Named Inventor | Hoang T. TRAN               |  |  |  |  |
| Examiner Name        | To Be Assigned              |  |  |  |  |
| Art Unit             | To Be Assigned              |  |  |  |  |
| Attorney Docket No.  | 1875.4520000                |  |  |  |  |

| METHOD OF PAYMENT (check all that apply)                                                                                                                                                             |                                                      |                        |      | F       | EE CALCULATION (                            | continued)                           |             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------|------|---------|---------------------------------------------|--------------------------------------|-------------|--|
| ☐ Check ☐ Credit card ☐ Money Order ☐ Other** ☐ None  " Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036. |                                                      | 3. ADDITIONAL FEES     |      |         |                                             |                                      |             |  |
|                                                                                                                                                                                                      |                                                      | Entity                 | Sm   | all Ent | ity                                         |                                      |             |  |
| Deposit Account Deposit Account Number 19-0036                                                                                                                                                       | Fee<br>Code                                          | Fee Fee<br>(\$) Cod    |      | l       | Fee Description                             |                                      | Fee Paid    |  |
| Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C.                                                                                                                                      | 1051                                                 | 130                    | 2051 | 65      | Surcharge - late filing f                   | fee or oath                          |             |  |
| The Commissioner is authorized to: (check all that apply)                                                                                                                                            | 1502                                                 | 50                     | 2052 | 25      | Surcharge-late provision sheet              | onal filing fee or cover             |             |  |
| $\square$ Charge fee(s) indicated below $\square$ Credit any over payments                                                                                                                           | 1053                                                 | 130                    | 1053 | 130     | Non-English specificati                     | ion                                  |             |  |
| Charge any additional fee(s) during the pendency of this                                                                                                                                             | 1812                                                 | 2,520                  | 1812 | 2,520   | For filing a request for                    | ex parte reexamination               |             |  |
| application                                                                                                                                                                                          | 1804                                                 | 920*                   | 1804 | 920*    | Requesting publication action               | of SIR prior to Examine              |             |  |
| ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                                                                                                  |                                                      | 1,840*                 | 1805 | 1,840*  |                                             | of SIR after Examiner                |             |  |
|                                                                                                                                                                                                      | 1251                                                 | 110                    | 2251 | 55      | Extension for reply with                    | hin first month                      |             |  |
|                                                                                                                                                                                                      | 1252                                                 | 420                    | 2252 | 210     | Extension for reply with                    | hin second month                     |             |  |
| FEE CALCULATION                                                                                                                                                                                      | 1253                                                 | 950                    | 2253 | 475     | Extension for reply with                    | hin third month                      |             |  |
| 1. BASIC FILING FEE                                                                                                                                                                                  | 1254                                                 | 1,480                  | 2254 | 740     | Extension for reply with                    | hin fourth month                     | <u> </u>    |  |
| Large Entity Small Entity                                                                                                                                                                            | 1255                                                 | 2,010                  | 2255 | 1,005   | Extension for reply with                    | hin fifth month                      |             |  |
| Fee Fee Fee Fee Description Fee Paid                                                                                                                                                                 | 1401                                                 | 330                    | 2401 | 165     | Notice of Appeal                            |                                      |             |  |
| Code (\$) Code (\$)                                                                                                                                                                                  | 1402                                                 | 330                    | 2402 | 165     | Filing a brief in support                   | t of an appeal                       |             |  |
| 1001 770 2001 385 Utility filing fee 770.00 1002 340 2002 170 Design filing fee                                                                                                                      | 1403                                                 | 290                    | 2403 | 145     | Request for oral hearing                    | ng                                   |             |  |
| 1003 530 2003 265 Plant filing fee                                                                                                                                                                   | 1451                                                 | 1,510                  | 1451 | 1,510   | Petition to institute a p                   | ublic use proceeding                 | <del></del> |  |
| 1004 770 2004 385 Reissue filing fee                                                                                                                                                                 | 1452                                                 | ·                      | 2452 | 55      | Petition to revive - una                    | _                                    |             |  |
| 1105 160 2005 80 Provisional filing fee                                                                                                                                                              | 1453                                                 |                        | 2453 | 665     | Petition to revive - unin                   |                                      |             |  |
|                                                                                                                                                                                                      | 1501                                                 | ·                      | 2501 | 665     | Utility issue fee (or reis                  |                                      |             |  |
| SUBTOTAL (1) (\$) 770.00                                                                                                                                                                             | Į                                                    | ·                      |      |         | •                                           | ssue)                                |             |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from                                                                                                                                                 | 1502                                                 | 480                    | 2502 | 240     | Design issue fee                            |                                      |             |  |
| Extra below Fee Paid                                                                                                                                                                                 | 1503                                                 | 640                    | 2503 | 320     | Plant issue fee                             |                                      |             |  |
| Total Claims 30 - 20** = 10 X 18 = 180.00<br>Indep. Claims 5 - 3** = 2 X 86 = 172.00                                                                                                                 | 1460                                                 | 130                    | 1460 | 130     | Petitions to the Commi                      | issioner                             |             |  |
| Multiple Dependent = 0.00                                                                                                                                                                            | 1807                                                 | 50                     | 1807 | 50      | Processing fee under 3                      | 37 CFR 1.17(q)                       |             |  |
| Large Entity <sub>I</sub> Small Entity                                                                                                                                                               | 1806                                                 | 180                    | 1806 | 180 -   | Submission of Informa                       | tion Disclosure Stmt                 |             |  |
| Fee Fee Fee Fee Fee Description Code (\$)                                                                                                                                                            | 8021                                                 | 40                     | 8021 | 40      | Recording each patent property (times numbe | t assignment per<br>r of properties) | \$40.00     |  |
| 1202 18 2202 9 Claims in excess of 20                                                                                                                                                                | 1809                                                 | 770                    | 2809 | 385     |                                             | er final rejection (37 CFR           |             |  |
| 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid                                                                                            | 1810                                                 | 770                    | 2810 | 385     | 7 77                                        | vention to be examined               |             |  |
| 1204 86 2204 43 **Reissue independent claims                                                                                                                                                         |                                                      |                        |      |         |                                             |                                      |             |  |
| over original patent                                                                                                                                                                                 | 1801                                                 | 770                    | 2801 | 385     | Request for Continued                       | Examination (RCE)                    | ]           |  |
| 1205 18 2205 9 **Reissue claims in excess of 20                                                                                                                                                      | 1802                                                 | 900                    | 1802 | 900     | Request for expedited application           | examination of a design              |             |  |
| and over original patent                                                                                                                                                                             | Other                                                | fee (spec              | ify) |         |                                             |                                      |             |  |
| **or number previously paid, if greater; For Reissue, see above                                                                                                                                      | * Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) |                        |      |         | 40.00                                       |                                      |             |  |
| SUBMITTED BY Complete (if applicable)                                                                                                                                                                |                                                      |                        |      |         | <del></del>                                 |                                      |             |  |
| Name (Print/Type) Kendrick P. Patterson                                                                                                                                                              |                                                      | tration No<br>ney/Ager |      |         | 45,321                                      | Telephone 202-371                    | -2600       |  |
| Signature Hallerson                                                                                                                                                                                  |                                                      |                        |      |         |                                             | Date October 29                      | 9, 2003     |  |
| WARNING: Information on this form may be included on this form. Provide cred                                                                                                                         |                                                      |                        |      |         |                                             | <u> </u>                             |             |  |



Robert Greene Sterne Edward J. Kessler Jorge A. Goldstein David K.S. Cornwell Tracy-Gene G. Durkin Michele A. Cimbala Michael B. Ray Robert E. Sokohl Steven R. Ludwin John M. Covert Linda E. Alcom Robert C. Millonig Lawrence B. Bugaisky Donald J. Featherston Michael V. Messinger

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Judith U. Kim

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Ann E. Summerfield Tiera S. Coston\* Aric W. Ledford\*

Registered Patent Agents • Nancy J. Leith Helene C. Carlson Gaby L. Longsworth Matthew J. Dowd Aaron L. Schwartz Mary B. Tung Katrina Y. Pei Quach Bryan L. Skelton Robert A. Schwartzman Timothy A. Doyle Jennifer R. Mahalingappa

Mail Stop Patent Application

Eric D. Haves

Of Counsel Kenneth C. Bass III Evan R. Smith

\*Admitted only in Maryland \*Admitted only in Virginia •Practice Limited to Federal Agencies

October 29, 2003

WRITER'S DIRECT NUMBER: (202) 772-8628 **INTERNET ADDRESS:** KENDRICK@SKGF.COM

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Re:

U.S. Non-Provisional Utility Patent Application under 37 C.F.R. § 1.53(b)

Appl. No. To Be Assigned; Filed: Herewith (October 29, 2003)

Multipurpose and Programmable Pad Ring for an Integrated Circuit

Inventors: Our Ref:

TRAN et al. 1875.4520000

Sir:

The following documents are forwarded herewith for appropriate action by the U.S. Patent and Trademark Office:

- 1. PTO Fee Transmittal (Form PTO/SB/17);
- 2. PTO Utility Patent Application Transmittal (Form PTO/SB/05);
- 3. Authorization to Treat a Reply As Incorporating An Extension of Time Under 37 C.F.R. § 1.136(a)(3);
- 4. PTO-2038 Credit Card Payment Form;
- 5. U.S. Utility Patent Application entitled:

Multipurpose and Programmable Pad Ring for an Integrated Circuit

and naming as inventors:

Hoang T. TRAN Howard A. BAUMER

the application consisting of:

Sterne, Kessler, Goldstein & Fox PLLC. : 1100 New York Avenue, NW : Washington, DC 20005 : 202.371.2600 f 202.371.2540 : www.skqf.com

## Commissioner for Patents October 29, 2003 Page 2

- a. An Application Data Sheet (37 C.F.R. § 1.76);
- b. A copy of the original Declaration, executed by Hoang T. TRAN on October 27, 2003 (2 pages), and a copy of the original Declaration, executed by Howard A. BAUMER on October 28, 2003 (2 pages);
- c. A specification containing:
  - i. 20 pages of description prior to the claims;
  - ii. 5 pages of claims (30 claims); and
  - iii. a one (1) page abstract; and
- d. 14 sheets of drawings (Figures 1-14);
- 6. Recordation Form Cover Sheet (Form PTO-1595);
- 7. A copy of the original Assignment to **Broadcom Corporation**, executed by Hoang T. TRAN on October 27, 2003 (2 pages), and a copy of the original Assignment executed by Howard A. BAUMER on October 28, 2003 (2 pages), recordation of which is hereby respectfully requested; and
- 8. Two (2) return postcards.

It is respectfully requested that, of the two attached postcards, one be stamped with the filing date of these documents and returned to our courier, and the other, prepaid postcard, be stamped with the filing date and unofficial application number and returned as soon as possible. The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Kendrick P. Patterson Attorney for Applicants Registration No. 45,321

RES/KPP/acr Enclosures

SKGF\_DC1:193420.1



## N THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

TRAN et al.

Appl. No. To Be Assigned

Filed: Herewith (October 29, 2003)

Multipurpose and Programmable For:

Pad Ring for an Integrated

Circuit

Confirmation No. To Be Assigned

Art Unit: To Be Assigned

Examiner: To Be Assigned

Atty. Docket: 1875.4520000

## Authorization To Treat A Reply As Incorporating An Extension Of Time Under 37 C.F.R. § 1.136(a)(3)

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Sir:

The U.S. Patent and Trademark Office is hereby authorized to treat any concurrent or future reply that requires a petition for an extension of time under this paragraph for its timely submission, as incorporating a petition for extension of time for the appropriate length of time. The U.S. Patent and Trademark Office is hereby authorized to charge all required extension of time fees to our Deposit Account No. 19-0036, if such fees are not otherwise provided for in such reply.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Kendrick P. Patterson Attorney for Applicants Registration No. 45,321

Date: October 29, 2003

1100 New York Avenue, N.W. Washington, D.C. 20005-3934 (202) 371-2600

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